

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 101049704		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/		/		/		51			
2		/		/		/	52			
3		/		/		/	53			
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13		/		/		/	63			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3				3		TOTAL IND.			
TOTAL DEP.		11				12	TOTAL DEP.			
TOTAL CLAIMS		14				15	TOTAL CLAIMS			